2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000006439

TI FILED
Dec 12, 2011
Secretary of State

Entity Name: VETERANS VILLAGE & K-9 COMPANIONS CENTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1560 SAWGRASS CORPORATE PARKWAY 141 NW 20TH STREET

4TH FLOOR SUITE F7

SUNRISE, FL 33323 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY 233 SE 20TH STREET

4TH FLOOR DEERFIELD BEACH, FL 33441 SUNRISE, FL 33323

FEI Number: 80-0444182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, DENNIS SCHOLL, HARVEY ESQ

1560 SAWGRASS CORPORATE PARKWAY 2201 N.W. CORPORATE BOULEVARD

4TH FLOOR 205

SUNRISE, FL 33323 US BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HARVEY SCHOOL ESQ. 12/12/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

 Name:
 LOPEZ, JOE

 Address:
 7237 SW 23 ST

 City-St-Zip:
 MIAMI, FL 33055

Title: PTD

Name: SCHWARTZ, ROY I CPA

Address: 1560 SAWGRASS CORPORATE PARKWAY

City-St-Zip: SUNRISE, FL 33323

Title: VP

Name: MUNOZ, JUAN

Address: 1560 SAWGRASS CORPORATE PARKWAY

City-St-Zip: SUNRISE, FL 33076

Title: D

Name: SOUTAR-FREEMAN, BETTY M PHD Address: 5010 SW 170TH AVE City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D S

Name: LOPEZ, JULIE

Address: 1560 SAWGRASS CORP PKWY

City-St-Zip: SUNRISE, FL 33323

Title: VP

Name: THOMAS, DENNIS

Address: 1560 SAWGRASS CORP PKWY

City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE LOPEZ D 12/12/2011